			ND EXPENSES F		State	of Nevada
Int'l. Union of Pa Name (print)	inters and Allied Traded Politi		ether Legislative and Educatio Office (if applicable)	nal Committee	Dia	hint (if II I.I.)
1750 New York	Avenue, NW Washington, DC	20006	onice (ii applicable)		202-637-0737	trict (if applicable)
Mailing Address	(include city and zip code)				Telephone No.	
E-Mail Address			4.4	100		71.1
Select Appropr	ate Box(es) CANDIDATE	<b>☑</b> PAC	BAG   POUPRTY	UND EXP	AMENDED ANN	UAL FILING
	nual Filing - Due J d: January 1, 2003 – Decen		5, 2004		FIL	.E
Incumbents in ar Incumbents in an All others Ballot Advocacy	port #1 — Due Augus office with a 4-year term office with a 6-year term of Groups (BAGs) only:	Period: Period: Period: Period:	Jan. 5, 2001 — Aug 26, 2004 Dec. 20, 1998 — Aug 26, 200 Jan. 1, 2004 – Aug. 26, 2004 Dec. 5, 2002 – Aug 26, 2004	4	AUG 3	KER
			Aug. 27, 2004 — Oct. 21, 200	4	FOR OFFIC	E USE ONLY
Rep	ort #3 Due — Janua					1
BAGs only:			Oct. 22, 2004 — Dec. 31, 2004 Oct. 22, 2004 - Dec. 5, 2004	4		$1 \rightarrow 1$
Perio	ual Filing – Due Jan od: January 1, 2004 – C t suffices for 2005 Anr	ecember 3	005 1, 2004 If candidate also filed F	Report Nos. 1	and 2	() <del>d</del> (
過去 建基理基	CONTRIBUTIONS					Cumulative rom Beginning
LINES - P	CONTRIBUTIONS	SUMMAR				Report Period
						Hithrough End of This
1995 1995 1995	NILLE CONTROL OF THE	- 150 - 150 - 150				Reporting Period
1. Total	Monetary Contributions Re	ceived in Ex	cess of \$100	_	\$10,000.00	\$10,000.00
2. Total	Monetary Contributions Re	ceived of \$1	00 or Less	_	\$0.00	\$0.00
3. Total. Recei	Amount of Monetary Cor ved	itributions	Rep Thro	nulative From Inning of ort Penod #1 pugh End of it Reporting od		
	ines 1 and 2)			_	\$10,000.00	\$10,000.00
	/alue of In Kind Contributions of \$100	ns Received	\$0.00	\$0.00		
ATTACHER OF THE STREET	7 Z. (4.4.4.1)	EX	PENSES SUMMAR		er i de la companya d	SCA ACCEPTED
5. Total N	Monetary Expenses Paid in	Excess of \$	100		\$10,000.00	\$10,000.00
6. Total M	onetary Expenses Paid of	\$100 or Les	S		\$0.00	\$0.00
7. <b>Total A</b> (Add Li	Imount of All Monetary E nes 5 and 6)	xpenses Pa	id		\$10,000.00	£40,000,00
8. Total V	alue of In Kind Expenses i	n Excess		_	\$10,000.00	\$10,000.00
of \$10	)()		\$0.00	\$0.00		
NOTICE CONTINUESCAPE						
nter State of the		A	AFFIRMATION -			
l Declare Under	Penalty of Perjury That	the Forego	ing is True and Correct.			
JN/ Signature	rge Na	Vij		8	2/30/0 C	

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Revised: Oct-03

PAGE\_\_\_1\_\_OF\_\_\_4\_\_\_

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Int'l. Union of Painters and Allied Traded Political Action Together Legislative and Educational Com

Name (print)

Office (if applicable)

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
International Union of Painters and Allied Trades 1750 New York Avenue NW Washington, DC 20006	05/18/2004	\$10,000.00	

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Int'l. Union of Painters and Allied Traded Political Action Together Legislative and Educational Com

Name (print)

Office (if applicable)

District (if applicable)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

PAGE\_\_\_3\_\_OF\_\_\_4\_\_\_

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Int'l. Union of Painters and Allied Traded Political Action Together Legislative and Educational Com

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATIEGORY (See Province Page) NRS 2044-365	DATE OF EACH EXPENSE	
Give Nevadans a Raise c/o Gail Tuzzolo- NV State AFL-CIO 1701 Whitney Mesa Drive, Suite 102 Henderson, NV 89014	J	05/18/2004	\$10,000.00

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